Radiologic Technologist Certification Application Packet

Contents:

Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360-236-4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:
Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:
Radiologic Technologist Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

(This page intentionally left blank.)

Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be printed clearly in ink. It is your responsibility to submit the correct required forms.

☐ **Application Fee.** This fee is non-refundable. You can check the **fee page** for current fees.

Check appropriate box(s) for certification you are applying for.

Check appropriate box(s) for requirements completed.

☐ **1. Demographic Information:**

Social Security Number: You must list your social security number on your application. Please call the Customer Service Center at 360-236-4700 if you do not have one.

National Provider Identifier Number (NPI): The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

Legal Name: List your full name, first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day, and year of your birth.

Birth place: Provide the city, state, and country where you were born.

Address: List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with Department of Health until we have been notified of a change. See **WAC 246-12-310**.

Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See **WAC 246-12-300**.

☐ **2. Personal Data Questions:**
All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer "yes" to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority.

☐ **3. Education:**
List in date order your educational preparation and post-graduate training. If you need more space, attach a sheet of paper.

☐ **4. Experience:**
List in date order all your professional experience and practice from date of graduation from professional college. If you need more space, attach a sheet of paper.

☐ **5. Other License, Certification, or Registration:**
List all states, including Washington, where credentials are or were held. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if credential is current. If you need more space, attach a sheet of paper.

☐ **6. AIDS Education and Training Attestation:**
Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of seven hours is required. Course content can be found in **WAC 246-12-270**.

☐ **7. Applicant's Attestation:**
You must sign and date this for us to process the application.

Notice to Spouses and Registered Domestic Partners of Military Personnel Transferring to Washington

Under a new state law, a spouse or registered domestic partner of military personnel transferring to Washington may receive his or her health professional license more quickly. In order for us to do this, please complete the additional form found at **the military resources page** and include supporting documentation with your application.

Washington State Department of Health

Certification Requirements

General Information

Radiologic technologist means an individual certified under chapter **18.84 RCW** as a:

a. Diagnostic radiologic technologist, who is a person who handles x-ray equipment in the process of applying radiation on a human being for diagnostic purposes. This is at the direction of a licensed practitioner. It includes parenteral procedures related to radiologic technology when performed under the direct supervision of a physician licensed under chapter **18.71** or **18.57 RCW**.

b. Therapeutic radiologic technologist, who is a person who uses radiation-generating equipment for therapeutic purposes on human subjects. This is at the direction of a licensed practitioner. It includes parenteral procedures related to radiologic technology when performed under the direct supervision of a physician licensed under chapter **18.71** or **18.57 RCW**.

c. Nuclear medicine technologist, who is a person who prepares radiopharmaceuticals and administers them to human beings for diagnostic and therapeutic purposes. They perform in vivo and in vitro detection and measurement of radioactivity for medical purposes at the direction of a licensed practitioner.

Diagnostic Radiologic Technologist Requirements

Individuals applying for certification as a diagnostic radiologic technologist must meet one of the following qualifications:

1. Graduation from a program in radiography accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT); OR
2. Registration as a diagnostic radiologic technologist with the American Registry of Radiologic Technologists (ARRT); OR
3. Alternative Training (see Alternative Training Process and State Examination below).

Therapeutic Radiologic Technologist Requirements

Individuals applying for certification as a therapeutic radiologic technologist must meet one of the following qualifications:

1. Graduation from a program in radiation therapy accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT); OR
2. Registration as a therapeutic radiologic technologist with the American Registry of Radiologic Technologists (ARRT); OR
3. Alternative Training (see Alternative Training Process and State Examination below).

Nuclear Medicine Technologist Requirements

Individuals applying for certification as a nuclear medicine technologist must meet one of the following qualifications:

1. Graduation from a program in nuclear medicine accredited by the Joint Review Committee for Educational Programs in Nuclear Medicine Technology (JRCNMT); OR
2. Registration as a nuclear medicine technologist with either the Nuclear Medicine Technology Certifying Board (NMTCB) or the American Registry of Radiologic Technologists (ARRT); OR
3. Alternative Training (see Alternative Training Process and State Examination below).

Alternative Training Process:

1. **Diagnostic Radiographic Technologists**
   a. Education
      I. High school diploma or GED equivalent, a minimum of three clinical years supervised practice experience in radiography and completed the course content areas below.
      ii. Associate or higher degree in an allied health care profession, or meet the requirements for certification as a therapeutic radiologic technologist or nuclear medicine technologist, have obtained a minimum of three clinical years supervised practice experience in radiography and complete the course content areas listed below.
   b. Course Content Areas:
      i. May be obtained directly by supervised clinical practice experience:
         - Introduction to radiography
         - Medical ethics and law
         - Medical terminology
         - Methods of patient care
         - Radiographic film processing
         - Evaluation of radiographs
         - Radiographic procedures
         - Radiographic pathology
         - Introduction to quality assurance
         - Introduction to computer literacy

      ii. Must be obtained through formal education:
         - Human anatomy and physiology—100 contact hours
         - Principles of radiographic exposure—45 contact hours
         - Imaging equipment—40 contact hours
         - Radiation physics, principles of radiation protection, and principles of radiation biology—40 contact hours
         - Sectional anatomy—33 contact hours
   c. Examination—See sections below regarding state examination.

2. **Therapeutic Radiologic Technologist Requirements**
   a. Education—Baccalaureate or associate or higher degree in one of the physical, biological sciences, or allied health care professions or meet the requirements for certification as a diagnostic radiologic technologist or nuclear medicine technologist, have obtained a minimum of three years clinical years supervised practice experience in therapeutic radiologic technology and complete the course content areas listed below.
   b. Course Content Areas:
      i. May be obtained directly by supervised clinical practice experience:
         - Orientation to radiation therapy technology
         - Medical ethics and law
         - Methods of patient care
         - Computer applications
         - Medical terminology

         At least fifty percent (50%) of the clinical practice experience must be in operating a linear accelerator.
      ii. Must be obtained through formal education:
         - Human anatomy and physiology—100 contact hours
         - Oncologic pathology—22 contact hours
         - Radiation oncology—22 contact hours
         - Radiobiology, radiation protection, and radiographic imaging—73 contact hours
         - Mathematics (college level algebra or above)—55 contact hours
         - Radiation physics—66 contact hours
         - Radiation oncology technique—77 contact hours
         - Clinical dosimetry—150 contact hours
         - Quality assurance—12 contact hours
         - Hypothermia—4 contact hours
         - Sectional Anatomy—22 contact hours
   c. Examination—See section below regarding state examination.
3. **Nuclear Medicine Technologist Requirements**
   a. Education—Baccalaureate or associate or higher degree in one of the physical, biological sciences, or allied health care professions or meet the requirements for certification as a diagnostic or therapeutic radiologic technologist, have obtained a minimum of two clinical years supervised practice experience in nuclear medicine technology and complete the course content areas listed below.
   b. Course Content Areas:
      i. May be obtained directly by supervised clinic practice experience:
         - Methods of patient care
         - Computer applications
         - Department organization and function
         - Nuclear medicine in-vivo and in-vitro procedures
         - Radionuclide therapy

ii. Must be obtained through formal education
- Radiation safety and protection—10 contact hours
- Radiation biology—10 contact hours
- Nuclear medicine physics and radiation physics—80 contact hours
- Nuclear medicine instrumentation—22 contact hours
- Statistics—10 contact hours
- Radionuclide chemistry and radiopharmacology—22 contact hours

c. Examination—See section below regarding state examination.

4. Training obtained outside the United States

a. Education
Individuals educated in another country must provide official transcripts verifying that their education and training meets or exceeds alternative training requirements. Transcripts not in English must be translated.

b. Examination—See section below regarding state examination.

State Examination

- The Washington State certification examinations for radiography (diagnostic), radiation therapy, and nuclear medicine technology are administered by the ARRT.
- The examinations shall be conducted in accordance with the ARRT security measures and contract.
- Applicants taking the state examination must meet the alternative training requirements above and submit the application, supporting documents, and fees to the Department of Health for approval prior to being authorized to take the examination.
- Once authorized by the Department of Health, applicants must contact ARRT and complete an ARRT application prior to being scheduled for the Washington State examination.
- Examination candidates will be advised of the results of their examination in writing by the Department of Health.
- The examination candidate must have a minimum scaled score of seventy-five to pass the examination.

Other Information

Criminal history checks are conducted for all license applicants. If you answered yes to any of the personal data questions, please submit the appropriate supporting documentation as indicated on the application. If your application is incomplete, you will be contacted regarding the deficiencies.

- The initial certification will expire on your birthday unless the initial certification is issued within 90 days of your birthday. See **WAC 246-12-020(3)**.
- Certifications must be renewed every year on your birthday as provided in chapter **246-12 WAC, Part 2**. A courtesy renewal notice will be mailed to your address on record. You must keep your address current with us. Any renewal postmarked or presented to the department after midnight on the expiration date is late.
- If your certification has been expired for over two years, fill out the Radiologic Technologist Expired Certification Activation Application.

Washington State Department of Health

Date Stamp Here

Revenue 0252190000

Radiologic Technologist Certification Application

Application for certification as (must check at least one):

Requirements Completed:

- ☐ Diagnostic Radiologic Technologist
- ☐ Therapeutic Radiologic Technologist
- ☐ Nuclear Medicine Technologist
- ☐ Graduation from an accredited program
- ☐ National Registry with ARRT or certified with NMTCB
- ☐ Washington State Exam

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)	**National Provider Identifier Number (NPI)** (Enter 10 digit number)	☐ Male ☐ Female

Name First Middle Last

Birth date (mm/dd/yyyy)	**Place of birth**		
	City	State	Country

Address

City	State	Zip Code	County

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)

Email address

Mailing address if different from above address of record

City	State	Zip Code	County

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? ☐ Yes ☐ No If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No If yes, list name(s):

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation. ☐ ☐

   "Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

   If you answered yes to question 1, explain:

   1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

   1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐

   "Currently" means within the past two years.

   "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances? ☐ ☐

   "Currently" means within the past two years.

   Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ☐ ☐

Note: If you answered "yes" to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (cont.)

	Yes	No
a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction	☐	☐

Note: If you answered "yes" to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.

b. If you answered "yes" to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete?	☐	☐
6. Have you ever been found in any civil, administrative or criminal proceeding to have:		
a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?	☐	☐
b. Diverted controlled substances or legend drugs?	☐	☐
c. Violated any drug law?	☐	☐
d. Prescribed controlled substances for yourself?	☐	☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?	☐	☐
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?	☐	☐
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?	☐	☐
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?	☐	☐
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?	☐	☐

3. Education

List in date order all your education including college or university (pre-radiography, therapeutic and/or nuclear medicine program), and technical or professional practice pertaining to the profession you are applying for. Include all periods of time from the date of graduation from a radiography, therapeutic, and/or nuclear medicine program to present when you engaged in activities related to your practice as a radiologic technologist or x-ray technician. Attach additional pages if you need more space.

Schools Attended Full Name, City and State	Degree/Certificate Earned	Attendance Dates	
		Start (mm/yyyy)	End (mm/yyyy)

4. Experience

List in date order all your professional experience and practice from date of graduation from professional college. Attach additional pages if you need more space.

Name of Business	Total Number of Months	Dates	
		Start (mm/yyyy)	End (mm/yyyy)

5. Other License, Certification, or Registration

List all states, including Washington, where credentials are or were held. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if current. Attach additional pages if you need more space.

State Jurisdiction	Received by		Certificate		Permanent or Temporary	Profession	Currently in Force
	Exam	Other	Year Issued	Number			

6. Aids Education and Training Attestation

I certify I have completed the minimum of seven hours of education in the prevention, transmission and treatment of AIDS. This includes the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested.

I understand if I provide any false information, my license may be denied, or if issued, suspended or revoked.

Applicant's initials	Date

7. Applicant's Attestation

I, _____ , declare under penalty of perjury under the laws
(Print applicant name clearly)

of the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read **RCW 18.130.170** and **RCW 18.130.180** of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ at _____
(mm/dd/yyyy) (City, State)

By: _____
(Signature of applicant)

(This page intentionally left blank.)

Washington State Department of Health
Radiologic Technologist Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Out-of-State Credential Verification

To Applicant:
Please complete this side of form and send it to the state(s) and/or jurisdiction(s) where you are or have been licensed, certified, or registered as a healthcare provider. Instruct them to return the form directly to the address listed above. Make a copy of this form if you need to send it to more than one state or jurisdiction. Agencies normally charge a fee for verification. Please check in advance to help expedite this process.

Name: Last First Middle		
Mailing Address		
City	State	Zip Code
Any other names used		
Type of healthcare license, certification, or registration		
License, Certification, or Registration Number	Date Issued	

Have the licensing agency return this completed form to the address listed above.

If you have any questions, please call 360-236-4700.

(To be Completed by the Regulatory Agency)

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

Name of license, certification, or registration holder:		
Authority providing verification: (state, name & title)		
Applicant was credentialed by: ☐ Written Examination	Date:	Score:
Name of examination:		
☐ Other Examination	Date	Score:
Name of examination:		
Is credential current: ☐ Yes ☐ No	Expiration Date:	
Is this individual considered to be in good standing in your state? ☐ Yes ☐ No If "no," please attach explanation.		
Has this credential ever been denied? ☐ Yes ☐ No Suspended? ☐ Yes ☐ No Revoked? ☐ Yes ☐ No Surrendered? ☐ Yes ☐ No Reinstated? ☐ Yes ☐ No If "yes," please provide a copy of the final order or other documentation of action taken.		
If this credential holder has been disciplined, has he/she successfully completed all requirements and is currently in good standing? ☐ Yes ☐ No		

(SEAL)

Signature: _____

Title: _____

Date: _____

RCW/WAC and Online Web Site Links

RCW/WAC Links

Uniform Disciplinary Act, RCW 18.130

Administrative Procedure Act, RCW 34.05

Administrative procedures and requirements, WAC 246-12

Radiologic Technology Laws, RCW 18.84

Radiologic Technology Rules, WAC 246-926

Alternative Training Requirements, WAC 246-926-110

Online

Radiologic Technologist Program, Web Page

AIDS Training Resources, Reference Page